

M e m o r a n d u m

Date: November 19, 2009

To: Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Border Division

File No.: 601.A04972

Subject: RESPONSE TO FLEET MANAGEMENT EXCEPTIONS DOCUMENT

Attached is Oceanside Area's response to the Fleet Management Exceptions document.

The Area commander has closely reviewed the findings and recommendations contained within the final report and concurs with the evaluator's findings. As such, the commander has taken the necessary steps to implement the recommended procedures.

I concur with the commander's actions in this matter and am satisfied identified deficiencies are being properly addressed.



G. A. DOMINGUEZ, Chief

cc: Oceanside Area

Memorandum

Date: November 4, 2009

To: Border Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Oceanside Area

File No.: 650.12838.9484

Subject: CORRECTIONS AND EXCEPTIONS – FLEET MANAGEMENT

Oceanside Area has reviewed the Fleet Management Inspection conducted by Sergeant R. Matthews, #10824. There were three areas of concern in the Inspector's Findings:

Finding 1 – Agree. There was no current tool inventory on file.

Area has updated the tool inventory. (See Attached.)

Finding 2 – Agree. Some spare tires were left unsecured for after-hours use.

Area has secured the spare tires and made a key available to supervisors and Officers-In-Charge.

Finding 3 – Agree. The quarterly count of parts, tires, accessories and supplies needs to be done.

Area has conducted the Quarterly Count and henceforth will make it a priority suspense item. (See attached.)



D. SCHRODER, Captain
Commander
Oceanside Area

Attachments

Safety, Service, and Security

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

| | | |
|--|----------------------------|--------------------------------|
| Command: San Onofre I.F. | Division: Border | Chapter:6, FLEET MANAGEMENT |
| J. P. Martinez, #10302 | | 09/09/2009 |

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

| | | | |
|--|-------------|---|---|
| TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level | | Total hours expended on the inspection: | <input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included |
| Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Forward to: | | |
| | Due Date: | | |
| Chapter Inspection: | | | |
| Inspector's Comments Regarding Innovative Practices: | | | |

N/A

| |
|--|
| Command Suggestions for Statewide Improvement: |
|--|

N/A

| |
|-----------------------|
| Inspector's Findings: |
|-----------------------|

N/A

| |
|--|
| Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response) |
|--|

N/A

| |
|---|
| Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.) |
|---|

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

| | | |
|--------------------------------|---------------------|--------------------------------|
| Command: San Onofre I.F. | Division: Border | Chapter:6, FLEET MANAGEMENT |
| J. P. Martinez, #10302 | | 09/09/2009 |

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| |
|---------------------------------|
| Required Action |
| Corrective Action Plan/Timeline |

N/A

| | | |
|--|-----------------------|------|
| <input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.) | COMMANDER'S SIGNATURE | DATE |
| J. P. Martinez | INSPECTOR'S SIGNATURE | DATE |
| <input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur | REVIEWER'S SIGNATURE | DATE |

| | | |
|---|--------------------|--------------------|
| AREA San Onofre I. F. | DIVISION Border | NUMBER 651 |
| EVALUATED BY J. P. Martinez, #10302 <i>JPM</i> | | DATE 09/09/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|-------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW <i>H. J. P. Martinez</i> | DATE <i>9/9/2009</i> |
| BY _____ | | EVALUATED 09/09/2009 | ACTION REQUIRED None |

1. AREA ADMINISTRATION

- a. Is there a clear line of supervision and accountability for the Area's fleet management? ☒ Yes ☐ No
- (1) Is the Area commander involved and informed? ☒ Yes ☐ No
- (a) Does he/she monitor invoices? ☐ Yes ☒ No
- (2) Who is authorized to approve invoices? Invoices are approved and processed by the Oceanside Area.
- b. What is the background experience of the Automotive Technician (AT)? N/A, San Onofre I.F. does not have an automotive technician assigned to the facility.
- (1) Are sufficient instructions and training provided? *N/A* ☐ Yes ☐ No
- (2) Is he/she a qualified mechanic at journey person level? ☐ Yes ☐ No
- (3) Does he/she attend training on new model vehicles? ☐ Yes ☐ No
- (4) Does the AT have good rapport with Area personnel and vendors? ☐ Yes ☐ No
- (5) Does the AT ensure vehicles are available at shift change? ☐ Yes ☐ No
- (6) Does the AT periodically attend staff meetings? ☐ Yes ☐ No
- (7) Does the AT have ideas/suggestions for improving the program? ☐ Yes ☐ No
- c. How much maintenance work is being done by the AT?
- (1) Is he/she qualified to perform maintenance and minor repairs? ☐ Yes ☐ No
- (a) If these duties are not being performed, why not?
- d. What other duties or responsibilities are placed on the AT?

2. VEHICLE USE

| | | |
|-------------------------|-------------------------|------------------|
| EVALUATED 09/09/2009 | ACTION REQUIRED None | CORRECTED N/A |
|-------------------------|-------------------------|------------------|

- a. How many "E" Class vehicles are assigned to the Area? (1) One commander's vehicle.

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(1) Is there an unmarked patrol vehicle assigned for the commander?

☒ Yes ☐ No

(2) If the number of vehicles assigned is in excess of the formula, what justification has been made? N/A

b. Are there procedures in place to ensure there are sufficient vehicles available at the beginning of each shift?

☒ Yes ☐ No

(1) Are officers allowed to perform minor corrections in order to keep the vehicles on the road?

☒ Yes ☐ No

(a) Is there a supply of tools and minor equipment available?

☐ Yes ☒ No

c. What is the justification for any vehicle kept at employees homes after duty hours? After hours emergency response as established by HPM 31.1.

d. Who does the commander allow to ride in vehicles? CHP employees, the public as determined by GO 100.42.

(1) Do supervisors use the CHP 428, Release and Waiver of Liability?

☒ Yes ☐ No

(a) Is the CHP 428 kept for the appropriate period of time?

☒ Yes ☐ No**3. SERVICE ARRANGEMENTS**EVALUATED
09/09/2009ACTION REQUIRED
NoneCORRECTED
N/A

a. What vendors are being used for servicing or repairing vehicles? Since the Oceanside Area performs all repairs and maintenance of the commanders vehicle, this section will be deferred to the audit conducted for the Oceanside Area.

(1) Are they authorized dealers?

N/A

☐ Yes ☐ No

(2) What process was used in selecting a service vendor?

(3) What are the hourly rates being charged?

(a) Are discounts given on parts?

☐ Yes ☐ No

(4) Has the command shopped for the most cost effective vendors?

☐ Yes ☐ No

(5) Does the Area constantly change vendors, or work out problems in order to maintain good long-term relationships?

☐ Yes ☐ No

(6) Does the AT adhere to policy in HPM 11.2, Materials Management Manual, when making purchases?

☐ Yes ☐ No

b. If vehicle availability has been a problem, has Area experimented with weekend maintenance?

☐ Yes ☐ No

(1) What percentage of the fleet is needed on weekends?

(2) Are there shortages of vehicles on Mondays?

☐ Yes ☐ No

(3) If more than one AT, are their hours/days scheduled most effectively?

☐ Yes ☐ No

(a) Is overtime needed for maximum enforcement periods?

☐ Yes ☐ No

c. Are provisions adequate to ensure regular washing of vehicles?

☐ Yes ☐ No

(1) How are interiors cleaned?

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(2) Is the Area's vehicle washing procedure practical and economical?

☒ Yes ☐ No

(a) Is excessive officer time used to wash vehicles?

☐ Yes ☒ No

(3) Is there more than one car wash facility available?

☒ Yes ☐ No

(4) Are vehicles being excessively washed or detailed?

☐ Yes ☒ No

(5) Does the Area have a maintenance worker or janitor wash cars?

☐ Yes ☒ No

(6) Is there any other program that can be of assistance in washing cars?

☐ Yes ☒ No

d. How do officers report defective equipment? Defects are reported to the on-duty supervisor and logged into the CHP 33 book.

(1) Who is authorized to declare a vehicle unsafe for patrol? With the concurrence of the supervisor a vehicle will be placed out of service and arrangements made with the Oceanside Area automotive technician for assessment and repair.

(a) Who determines when a vehicle is safe after repair or checking of defects? Oceanside Area automotive technician

(b) Does he/she sign off the report form and indicate what has been done?

☒ Yes ☐ No

(c) Is this system effective?

☒ Yes ☐ No

(d) How long are records kept? Oceanside Area retains these files.

(e) Is there a system in place to check vehicles for defects after high speed pursuits?

☒ Yes ☐ No**4. MILEAGE MANAGEMENT**EVALUATED
09/09/2009ACTION REQUIRED
NoneCORRECTED
N/A

a. Does Area have a system to ensure equitable mileage accumulation on all vehicles?

N/A

☐ Yes ☐ No

(1) Are vehicles run out in the same order they are received?

☐ Yes ☐ No

(2) Is there an appropriate spread of odometer readings so that vehicles are run out at regular intervals?

☐ Yes ☐ No

(a) If not, can adjustments be made to accomplish this?

☐ Yes ☐ No

b. How are adjustments to mileage accomplished?

(1) Do field supervisors and officers understand their responsibility in vehicle assignments?

☐ Yes ☐ No

(2) Does the AT understand what is required?

☐ Yes ☐ No

(3) Does the Area have a "personalized vehicle assignment" program?

☐ Yes ☐ No

(a) If so, how does it effect mileage averaging?

c. How does the Area project run outs?

(1) Is FOS provided 30-45 days advance notice?

☐ Yes ☐ No

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(2) What has been the condition of vehicles returned to FOS?

(3) Are the right equipment options completed?

☐ Yes ☐ No**5. AUTOMOTIVE WORK AREA/EQUIPMENT**EVALUATED
09/09/2009ACTION REQUIRED
NoneCORRECTED
N/A

a. Is there adequate space and comfort in the AT office?

N/A

☐ Yes ☐ No

(1) Is the office arranged neatly, and are all bulletins and manuals current?

☐ Yes ☐ No

(2) Does the AT maintain a service and flat rate manual?

☐ Yes ☐ No

b. Is the space for working on vehicles adequate?

☐ Yes ☐ No

(1) Is it clean and organized?

☐ Yes ☐ No

c. Does the AT have the supply of tools listed in HPM 31.1, Fleet Operations Manual, Chapter 6?

☐ Yes ☐ No

(1) Is there an inventory?

☐ Yes ☐ No

(a) When was it last checked?

☐ Yes ☐ No

(2) Are the tools located where they can be easily accessed by the AT when working on vehicles?

☐ Yes ☐ No

(a) Are they clean and properly maintained?

☐ Yes ☐ No

(b) Is there security for the tools when the AT is not present?

☐ Yes ☐ No

(c) Who has access to the tools?

☐ Yes ☐ No

d. Does the AT have the equipment necessary to perform all required tasks?

☐ Yes ☐ No

(1) If not, has it been budgeted for and/or ordered?

☐ Yes ☐ No

e. Is the equipment neat, clean and in good repair?

☐ Yes ☐ No

(1) Have replacements been planned and budgeted for?

☐ Yes ☐ No

f. Are there additional tools or items of equipment needed?

☐ Yes ☐ No

(1) Could the AT be more effective if they were available?

☐ Yes ☐ No

(2) Can they and/or have they been requisitioned or requested?

☐ Yes ☐ No**6. TIRES, PARTS AND SUPPLIES**EVALUATED
09/09/2009ACTION REQUIRED
NoneCORRECTED
N/A

a. Is the space provided for parts and supplies adequate?

N/A

☐ Yes ☐ No

(1) If not, can more space be provided?

☐ Yes ☐ No

(2) Is the space neatly and logically organized?

☐ Yes ☐ No

(3) Is there adequate security?

☐ Yes ☐ No

(4) Who has access to the parts/supplies?

(5) Are batteries stored in a dry location, off the cement floor?

☐ Yes ☐ No

b. Are automotive parts and supplies inventoried and maintained in Fleet Focus (FF) as required?

☐ Yes ☐ No

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|--|-----|------------------------------|-----------------------------|
| c. Are reasonable numbers of parts/supplies stocked? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are there obsolete parts on hand? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does Area stock parts/supplies purchased by the Department, and provide them to the vendor for installation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are adequate records maintained for tires, and are all tires accounted for? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are tire requests properly documented and ordered through the Purchasing Services Unit of Business Services Section? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are proper guidelines in place for record keeping? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are records reviewed by management? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are tires properly safeguarded from theft or misuse? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) How are tires stored? | | | |
| (4) Is access to the tires restricted to the AT and his/her assistant or backup? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Does Area provide motorcycle vendors with a stock of tires? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does it appear tires are being replaced prematurely? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are adequate records maintained for used tires? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the disposition of used tires within policy? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. How are old tires/batteries disposed of? | | | |
| (1) Is the Sale of Discarded Tires/Junk Batteries/Used Rotors (CHP 265) sent to prospective bidders? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are either tires or batteries being traded to offset installation costs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are the provisions of any tire or battery disposal contract being met? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are Material Safety Data Sheets (MSDS) posted as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are all containers (other than the original) containing hazardous materials properly marked? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Has the quarterly count of parts, tires, accessories and supplies been conducted? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Who conducted the count? | | | |

7. FUEL DISPENSING FACILITYEVALUATED
09/09/2009ACTION REQUIRED
NoneCORRECTED
N/A

| | | |
|--|---|--|
| a. Normally, is all fuel used by departmental personnel dispensed through the fuel facility at the command location? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) What procedures have been established for purchasing fuel from service stations in emergencies? | San Onofre I.F. does not have a fuel dispensing facility. Personnel utilize the Oceanside Area for fueling. | |
| (a) Is self-service or full-service used? | Self-serve. | |

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| (2) Is there a written policy, and is it complied with? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the fuel island clean and neat? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does it need repair or painting? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are fuel, water and air hoses in good repair? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is the break-away coupler installed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is the "Emergency Shut-Off Valve" plainly visible from the pumps? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is there a clean oil storage rack? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is the lighting adequate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is there at least one fire extinguisher of the proper type available, and is it fully charged? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Have problems been reported to Facilities Section? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there an adequate amount of supplies available to officers? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Who fuels the vehicles? | | | |
| (1) Are fluids and tires checked during fueling? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is the gasoline storage tank tested for possible leaks and are gasoline meters calibrated every 12 to 18 months as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are pump meters and the storage tank properly safeguarded? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Who has access to the keys to lock the meters and the storage tank? | | | |
| (3) Is gasoline measured before and after deliveries? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. What method is used to log fuel and oil used in individual vehicles? | | | |
| (1) Are records maintained as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) What is done to reconcile differences of more than 2-3 gallons daily? | | | |
| g. Does the physical inventory reasonably balance with the metered inventory each month? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) When was the pump meter last checked for accuracy? | | | |
| h. Is there a contract for fuel? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) How often is the fuel supply replenished? | | | |
| (2) At what level is it refilled? | | | |
| i. How does the Area secure the fuel pumps when they are not in use? | | | |
| (1) Is the system adequate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is it utilized by all personnel? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 8. SAFETY | EVALUATED 09/09/2009 | ACTION REQUIRED None | CORRECTED N/A |
|---|-------------------------|-------------------------|---|
| a. Does the Area conduct an inspection of the facility twice each year to detect safety hazards? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are the AT's work areas inspected? | N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are there possible unsafe conditions within the AT's work areas? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is the shop floor clean and free of any spills? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are electrical cords or hoses posing a hazard? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are fire extinguishers charged, inspected and of the proper type? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are any batteries leaking or stored improperly? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are there loose items on the floor? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Is the bench grinder firmly affixed, and are there safety glasses available? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are they worn by the AT? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Is the battery charger in a safe place? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (8) Are masks available for AT's to wear when servicing brakes? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If yes, are they worn? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (9) Are jack stands properly utilized? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. What is the Area occupational safety record as it relates to fleet management? | No injuries recorded. | | |
| (1) Have any injuries been prevented with an improved safety awareness program? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. VEHICLE RECORDS AND MAINTENANCE | EVALUATED 09/09/2009 | ACTION REQUIRED None | CORRECTED N/A |
| a. Are fleet records logically filed? | N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are they conveniently located and available to the AT and supervisor? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do files contain all required documents? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If documents are not in files, where are they located? | | | |
| b. Do the Fleet Focus (FF) documents comply with the instructions in HPM 31.1, Fleet Operations Manual? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are documents legible and complete? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Who reviews the FF reports? | | | |
| (3) How is the information used in Area's fleet administration? | | | |
| c. Is the CHP 424 current? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Does the CHP 424 reveal any unusual repair patterns or duplicate services? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|-------------------------|------------------------------|--|
| (2) Have required services been done at the proper mileage? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the Area using the most effective and economical method of repairing/maintaining the fleet? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hourly rates in line with prevailing rates? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the AT refer to manuals for invoice cost information? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is work being done by vendors that should be done by the AT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are there any warranty problems? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, are they being resolved? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is the credit card being used in lieu of an invoice? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander or his/her designee review and/or approve invoices? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, is there a threshold limit, and how is the approval indicated on the invoice? | | | |
| e. Do invoices indicate parts are being supplied by the CHP? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If parts are on invoices, does the vendor give a discount? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are fleet operations bulletins maintained and accessible to the AT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. CONDITION OF THE FLEET | EVALUATED 09/09/2009 | ACTION REQUIRED None | CORRECTED N/A |
| a. Using a CHP 33E, Vehicle Inspection Checklist, as a guide, are there any patterns or problems identified? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Have any unauthorized modifications been made on vehicles? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. MOTORCYCLES | EVALUATED 09/09/2009 | ACTION REQUIRED None | CORRECTED N/A |
| a. Is the Area commander involved and kept informed of motorcycle deployment, needs, problems, etc.? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the program objectives clearly understood by the commander and supervisors? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the Area have an up-to-date SOP relating to motorcycle operations? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are motorcycles being deployed in conformance with departmental policy and Fleet Operations Bulletins? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are motorcycles being used on beats with predominantly high speed problems? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are motorcycles used for special duty officer transportation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are motorcycles parked at the Area office during vacations and extended days off? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are Fleet Operations Bulletins pertaining to motorcycles filed together? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) What system is in place to verify understanding and compliance? | | | |
| (2) Are Bulletins discussed with riders? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. What type of active safety program does the Area have? | | | |

AREA MANAGEMENT EVALUATION**FLEET MANAGEMENT**

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| | | | |
|--|-----|------------------------------|-----------------------------|
| (1) Is there a Defensive Rider Program? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there a sufficient number of CMTOs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) What is the Area's safety record? | | | |
| (a) How does it compare with Division and statewide rates? | | | |
| (4) Does the Area conduct quarterly motorcycle training? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are mandatory exercises being conducted? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are ride-alongs being conducted on a regular basis and properly documented? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are emergency radio repairs made at the office or at the radio shop? | | | |
| (1) Are the arrangements satisfactory? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the repair person proficient? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is service available on weekends? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are motorcycles down for unreasonable amounts of time because of poor service? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are any motorcycles being operated with radios in a defective condition? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are any repairs being done by riders? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the Area swap radios with idle units to reduce down time? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, are radios being returned to the original units or reported to Telecommunications Section? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Is there adequate space to park and/or store motorcycles? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is safety compromised? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are units parked near an entrance causing foot traffic to be inhibited? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are preventative measures in place to avoid problems caused by oil drippings? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are parked motorcycles susceptible to theft or vandalism? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) When garaged at home, is the motorcycle in a covered, secured area? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has it been inspected and approved? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are records of the approval on file? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Has the motorcycle program supervisor developed a workable procedure for storing and accounting for approved supplies and equipment replacements? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do equipment and accessory times comply with departmental regulations? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there ample supply available? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are spare tires available? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is a battery charger available? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION**FLEET MANAGEMENT**

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| | | | |
|--|-----|------------------------------|-----------------------------|
| (5) Is there security and an accurate inventory kept? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. What arrangements have been made for servicing and repairing motorcycles? | | | |
| (1) Is it satisfactory and cost effective? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the maintenance program minimize officer and vehicle down time? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) How is repair work verified? | | | |
| (4) Do motorcycle officers have any restrictions on going to the motorcycle shop for repairs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is a supervisor's permission required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is there a SOP covering this aspect of motorcycle operation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) If not ridden, how are motorcycles transported to vendors for repairs? | | | |
| (6) Does the Area have a motorcycle trailer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) How often is it used? | | | |
| (b) If one is not available, has Area budgeted for one? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are vehicle files logically kept and up-to-date? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does a review of the CHP 33, Driver's Equipment Check, reveal excessive maintenance charges? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the motorcycle supervisor review all motorcycle invoices? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is service up-do-date? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Are daily inspections being done by the rider and monthly inspection by the supervisor, and the CHP 184, Monthly Motorcycle Inspection List, completed as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are mechanical discrepancies recorded with the date noted and date corrected? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are the forms filed for the life of the motorcycle? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Utilizing the CHP 184, Monthly Motorcycle Inspection List, and CHP 453F, Fleet Management, as guides, do the Area motorcycles appear to meet all standards as far as cleanliness, condition, maintenance, supplies, etc.? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The San Onofre Inspection Facility (I. F.) has one vehicle (the Commander's vehicle) assigned to the facility. This vehicle is serviced and maintained by the Oceanside Area automotive technician. Additionally, the San Onofre I. F. is normally provided with three loaner black/white patrol vehicles from the Oceanside Area. However, routine maintenance, inspections, and approval of invoices are completed by the Oceanside Area command. The San Onofre I. F. does not receive invoices for repairs or services for the commander's vehicle since Oceanside Area initiates services and repairs thru their vendors.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

| | | |
|--|----------------------------|------------------------------------|
| Command: Blythe | Division: Border | Chapter: Ch. 6, HPG 22.1 |
| Inspected by: Sgt. David Nunez | | Date: 09/29/2009 |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

| | | | |
|--|---|--|---|
| TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level | | Total hours expended on the inspection: 3 hours | <input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included |
| Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Forward to: Border Division Due Date: 10/15/2009 | | |
| Chapter Inspection: | | | |
| Inspector's Comments Regarding Innovative Practices: | | | |

| |
|--|
| Command Suggestions for Statewide Improvement: |
|--|

| |
|-----------------------|
| Inspector's Findings: |
|-----------------------|

The Blythe Area fleet was found to be well maintained. The AT is very experienced and is well informed on the entire workings of the fleet. His work space is well organized and he uses the limited space he has to its full potential. The AT's hoist was found to be inoperable at the time of the inspection. Facilities personnel happen to be at the Area inspecting the fuel pumps on the same day. They were made aware of the problem and they determined that it needed replacement. A new hoist was ordered by facilities personnel at that time. There is good working relationship with the AT and the fleet supervisor. The Area commander is kept apprised of all fleet issues. Overall, the Area fleet management is very well run and the personnel overseeing it are doing a great job.

| |
|---|
| Commander's Response: <input type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response) |
|---|

| |
|---|
| Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.) |
|---|

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

| | | |
|--|----------------------------|------------------------------------|
| Command: Blythe | Division: Border | Chapter: Ch. 6, HPG 22.1 |
| Inspected by: Sgt. David Nunez | | Date: 09/29/2009 |

Required Action

Corrective Action Plan/Timeline

| | | |
|---|---|-------------------------|
| <input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.) | COMMANDER'S SIGNATURE  | DATE 10/9/09 |
| | INSPECTOR'S SIGNATURE  | DATE 10/9/09 |
| <input type="checkbox"/> Reviewer discussed this report with employee | REVIEWER'S SIGNATURE  | DATE 10-29-09 |
| <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur | | |

AREA MANAGEMENT EVALUATION
FLEET MANAGEMENT

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| | | |
|---------------------------------------|--------------------|-----------------------|
| AREA 660 | DIVISION Border | NUMBER 660-01-09 ✓ |
| EVALUATED BY Sgt. D. Nunez, #12270 | | DATE 09/29/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|------------------------------------|-----------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 10/15/09 | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW M. Hinkley ✓ | DATE 10/9/09 ✓ |
| BY _____ | | EVALUATED Yes | ACTION REQUIRED No |

1. AREA ADMINISTRATION

| | |
|--|---|
| a. Is there a clear line of supervision and accountability for the Area's fleet management? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is the Area commander involved and informed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Does he/she monitor invoices? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Who is authorized to approve invoices? The Area Lieutenant is the only one authorized to approve invoices. | |
| b. What is the background experience of the Automotive Technician (AT)? The AT is a certified Ford mechanic since 1994. He has been employed at this location since 2003. | |
| (1) Are sufficient instructions and training provided? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is he/she a qualified mechanic at journey person level? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Does he/she attend training on new model vehicles? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Does the AT have good rapport with Area personnel and vendors? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Does the AT ensure vehicles are available at shift change? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Does the AT periodically attend staff meetings? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (7) Does the AT have ideas/suggestions for improving the program? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. How much maintenance work is being done by the AT? The AT performs all work that can be done with the tools/equipment available at Area, with exception of warranty work. | |
| (1) Is he/she qualified to perform maintenance and minor repairs? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If these duties are not being performed, why not? | |
| d. What other duties or responsibilities are placed on the AT? The AT's duties are limited to fleet operations. | |

2. VEHICLE USE

| | | |
|---|-----------------------|-----------|
| EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. How many "E" Class vehicles are assigned to the Area? Area has 11 "E" class vehicles in addition to the commanders' vehicle. | | |

AREA MANAGEMENT EVALUATION**FLEET MANAGEMENT**

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(1) Is there an unmarked patrol vehicle assigned for the commander?

☒ Yes ☐ No

(2) If the number of vehicles assigned is in excess of the formula, what justification has been made? No, Area is in compliance.

b. Are there procedures in place to ensure there are sufficient vehicles available at the beginning of each shift?

☒ Yes ☐ No

(1) Are officers allowed to perform minor corrections in order to keep the vehicles on the road?

☒ Yes ☐ No

(a) Is there a supply of tools and minor equipment available?

☒ Yes ☐ No

c. What is the justification for any vehicle kept at employees homes after duty hours? There are no vehicles are kept at employees homes.

d. Who does the commander allow to ride in vehicles? Applicants and allied agencies with justification.

(1) Do supervisors use the CHP 428, Release and Waiver of Liability?

☒ Yes ☐ No

(a) Is the CHP 428 kept for the appropriate period of time?

☒ Yes ☐ No**3. SERVICE ARRANGEMENTS**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What vendors are being used for servicing or repairing vehicles? Area utilizes the local Ford dealership, Larry Green Ford.

(1) Are they authorized dealers?

☒ Yes ☐ No

(2) What process was used in selecting a service vendor? Closest dealership and Area has an established relationship with vendor and vendor provides quality work.

(3) What are the hourly rates being charged? \$80.00 per hour

(a) Are discounts given on parts?

☐ Yes ☒ No

(4) Has the command shopped for the most cost effective vendors?

☒ Yes ☐ No

(5) Does the Area constantly change vendors, or work out problems in order to maintain good long-term relationships?

☐ Yes ☒ No

(6) Does the AT adhere to policy in HPM 11.2, Materials Management Manual, when making purchases?

☒ Yes ☐ No

b. If vehicle availability has been a problem, has Area experimented with weekend maintenance?

☐ Yes ☒ No

(1) What percentage of the fleet is needed on weekends? 70% or the fleet.

(2) Are there shortages of vehicles on Mondays?

☐ Yes ☒ No

(3) If more than one AT, are their hours/days scheduled most effectively?

☐ Yes ☒ No

(a) Is overtime needed for maximum enforcement periods?

☐ Yes ☒ No

c. Are provisions adequate to ensure regular washing of vehicles?

☒ Yes ☐ No

(1) How are interiors cleaned? Area has mobile car wash that washes vehicles once a week and equipment is also available for officers to clean interior.

AREA MANAGEMENT EVALUATION
FLEET MANAGEMENT

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| | | |
|---|---|--|
| (2) Is the Area's vehicle washing procedure practical and economical? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is excessive officer time used to wash vehicles? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Is there more than one car wash facility available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are vehicles being excessively washed or detailed? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Does the Area have a maintenance worker or janitor wash cars? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Is there any other program that can be of assistance in washing cars? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. How do officers report defective equipment? A "defective vehicle" sheet is made available to officers for reporting equipment that requires maintenance or repairs. | | |
| (1) Who is authorized to declare a vehicle unsafe for patrol? The driver of a vehicle, a supervisor or the AT can deem a vehicle unsafe. | | |
| (a) Who determines when a vehicle is safe after repair or checking of defects? The AT determines when the vehicle safe to drive. | | |
| (b) Does he/she sign off the report form and indicate what has been done? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is this system effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) How long are records kept? The AT has records for 5 years plus. | | |
| (e) Is there a system in place to check vehicles for defects after high speed pursuits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. MILEAGE MANAGEMENT | EVALUATED Yes | ACTION REQUIRED No |
| a. Does Area have a system to ensure equitable mileage accumulation on all vehicles? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are vehicles run out in the same order they are received? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there an appropriate spread of odometer readings so that vehicles are run out at regular intervals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If not, can adjustments be made to accomplish this? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. How are adjustments to mileage accomplished? There are monthly review of mileage reports to make adjustments. Vehicles board is configured from lowest to highest mileage vehicles and assigned appropriately. | | |
| (1) Do field supervisors and officers understand their responsibility in vehicle assignments? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the AT understand what is required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Does the Area have a "personalized vehicle assignment" program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, how does it effect mileage averaging? Vehicle mileage is monitored by the AT and the fleet supervisor. Vehicles needing miles are identified and adjusted on the vehicle board. | | |
| c. How does the Area project run outs? When vehicle reaches 95,000 miles or 30 to 45 days prior to 100,000 miles they are projected. | | |
| (1) Is FOS provided 30-45 days advance notice? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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(2) What has been the condition of vehicles returned to FOS? Vehicles are in operational ready condition.

(3) Are the right equipment options completed?

☒ Yes ☐ No

5. AUTOMOTIVE WORK AREA/EQUIPMENT

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Is there adequate space and comfort in the AT office?

☒ Yes ☐ No

(1) Is the office arranged neatly, and are all bulletins and manuals current?

☒ Yes ☐ No

(2) Does the AT maintain a service and flat rate manual?

☒ Yes ☐ No

b. Is the space for working on vehicles adequate?

☒ Yes ☐ No

(1) Is it clean and organized?

☒ Yes ☐ No

c. Does the AT have the supply of tools listed in HPM 31.1, Fleet Operations Manual, Chapter 6?

☒ Yes ☐ No

(1) Is there an inventory?

☒ Yes ☐ No

(a) When was it last checked?

☒ Yes ☐ No

(2) Are the tools located where they can be easily accessed by the AT when working on vehicles?

☒ Yes ☐ No

(a) Are they clean and properly maintained?

☒ Yes ☐ No

(b) Is there security for the tools when the AT is not present?

☒ Yes ☐ No

(c) Who has access to the tools?

☒ Yes ☐ No

d. Does the AT have the equipment necessary to perform all required tasks?

☐ Yes ☒ No

(1) If not, has it been budgeted for and/or ordered?

☒ Yes ☐ No

e. Is the equipment neat, clean and in good repair?

☒ Yes ☐ No

(1) Have replacements been planned and budgeted for?

☒ Yes ☐ No

f. Are there additional tools or items of equipment needed?

☐ Yes ☒ No

(1) Could the AT be more effective if they were available?

☐ Yes ☐ No

(2) Can they and/or have they been requisitioned or requested?

☐ Yes ☐ No

6. TIRES, PARTS AND SUPPLIES

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Is the space provided for parts and supplies adequate?

☐ Yes ☒ No

(1) If not, can more space be provided?

☐ Yes ☒ No

(2) Is the space neatly and logically organized?

☒ Yes ☐ No

(3) Is there adequate security?

☒ Yes ☐ No

(4) Who has access to the parts/supplies? The AT and the fleet supervisor have access to parts and supplies.

(5) Are batteries stored in a dry location, off the cement floor?

☒ Yes ☐ No

b. Are automotive parts and supplies inventoried and maintained in Fleet Focus (FF) as required?

☒ Yes ☐ No

Destroy Previous Editions

AREA MANAGEMENT EVALUATION**FLEET MANAGEMENT**

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| | | |
|--|---|--|
| c. Are reasonable numbers of parts/supplies stocked? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are there obsolete parts on hand? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Does Area stock parts/supplies purchased by the Department, and provide them to the vendor for installation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are adequate records maintained for tires, and are all tires accounted for? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are tire requests properly documented and ordered through the Purchasing Services Unit of Business Services Section? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are proper guidelines in place for record keeping? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are records reviewed by management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are tires properly safeguarded from theft or misuse? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) How are tires stored? | Tires are stored in a locked wash bay. Tires for emergency use are stored in the auto bay and are chained and locked. | |
| (4) Is access to the tires restricted to the AT and his/her assistant or backup? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Does Area provide motorcycle vendors with a stock of tires? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Does it appear tires are being replaced prematurely? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (7) Are adequate records maintained for used tires? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the disposition of used tires within policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. How are old tires/batteries disposed of? | According to set guidelines in HPM 31.1 | |
| (1) Is the Sale of Discarded Tires/Junk Batteries/Used Rotors (CHP 265) sent to prospective bidders? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are either tires or batteries being traded to offset installation costs? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are the provisions of any tire or battery disposal contract being met? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are Material Safety Data Sheets (MSDS) posted as required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are all containers (other than the original) containing hazardous materials properly marked? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Has the quarterly count of parts, tires, accessories and supplies been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Who conducted the count? | The AT. | |

7. FUEL DISPENSING FACILITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

| | | |
|--|--|-----------------------------|
| a. Normally, is all fuel used by departmental personnel dispensed through the fuel facility at the command location? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) What procedures have been established for purchasing fuel from service stations in emergencies? | The Voyager Card is used for purchasing fuel from service stations. Personnel are briefed to use low octane fuel only. | |
| (a) Is self-service or full-service used? | Self-service. | |

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| | | |
|--|---|--|
| (2) Is there a written policy, and is it complied with? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the fuel island clean and neat? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does it need repair or painting? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Are fuel, water and air hoses in good repair? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is the break-away coupler installed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is the "Emergency Shut-Off Valve" plainly visible from the pumps? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is there a clean oil storage rack? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is the lighting adequate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is there at least one fire extinguisher of the proper type available, and is it fully charged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Have problems been reported to Facilities Section? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Is there an adequate amount of supplies available to officers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Who fuels the vehicles? Each driver fuels their own vehicles. | | |
| (1) Are fluids and tires checked during fueling? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is the gasoline storage tank tested for possible leaks and are gasoline meters calibrated every 12 to 18 months as required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are pump meters and the storage tank properly safeguarded? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Who has access to the keys to lock the meters and the storage tank? The AT and fleet supervisor. | | |
| (3) Is gasoline measured before and after deliveries? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. What method is used to log fuel and oil used in individual vehicles? The use of a daily log sheet is available at the fuel island. | | |
| (1) Are records maintained as required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) What is done to reconcile differences of more than 2-3 gallons daily? The AT checks the amounts reflected on the pumps against the individual entries. | | |
| g. Does the physical inventory reasonably balance with the metered inventory each month? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) When was the pump meter last checked for accuracy? July 23, 2009. | | |
| h. Is there a contract for fuel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) How often is the fuel supply replenished? Approximately every 6 to 8 weeks. | | |
| (2) At what level is it refilled? At 2,100 gallons. | | |
| i. How does the Area secure the fuel pumps when they are not in use? The pumps have locks and are behind a locked gate. | | |
| (1) Is the system adequate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is it utilized by all personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Destroy Previous Editions

| 8. SAFETY | EVALUATED | ACTION REQUIRED | CORRECTED |
|---|-----------|-----------------|---|
| | Yes | No | |
| a. Does the Area conduct an inspection of the facility twice each year to detect safety hazards? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are the AT's work areas inspected? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are there possible unsafe conditions within the AT's work areas? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (1) Is the shop floor clean and free of any spills? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are electrical cords or hoses posing a hazard? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) Are fire extinguishers charged, inspected and of the proper type? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are any batteries leaking or stored improperly? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (5) Are there loose items on the floor? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (6) Is the bench grinder firmly affixed, and are there safety glasses available? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are they worn by the AT? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Is the battery charger in a safe place? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (8) Are masks available for AT's to wear when servicing brakes? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If yes, are they worn? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (9) Are jack stands properly utilized? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. What is the Area occupational safety record as it relates to fleet management? | | | Excellent. |
| (1) Have any injuries been prevented with an improved safety awareness program? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. VEHICLE RECORDS AND MAINTENANCE | EVALUATED | ACTION REQUIRED | CORRECTED |
| | Yes | No | |
| a. Are fleet records logically filed? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are they conveniently located and available to the AT and supervisor? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do files contain all required documents? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If documents are not in files, where are they located? | | | |
| b. Do the Fleet Focus (FF) documents comply with the instructions in HPM 31.1, Fleet Operations Manual? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are documents legible and complete? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Who reviews the FF reports? AT | | | |
| (3) How is the information used in Area's fleet administration? | | | Used to help project run outs, track fuel usage, parts inventories and maintenance. |
| c. Is the CHP 424 current? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Does the CHP 424 reveal any unusual repair patterns or duplicate services? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | |
|--|---|--|
| (2) Have required services been done at the proper mileage? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the Area using the most effective and economical method of repairing/maintaining the fleet? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hourly rates in line with prevailing rates? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the AT refer to manuals for invoice cost information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is work being done by vendors that should be done by the AT? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are there any warranty problems? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) If so, are they being resolved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is the credit card being used in lieu of an invoice? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Does the commander or his/her designee review and/or approve invoices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, is there a threshold limit, and how is the approval indicated on the invoice? The commander reviews all invoices and signs them to indicate approval. | | |
| e. Do invoices indicate parts are being supplied by the CHP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If parts are on invoices, does the vendor give a discount? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Are fleet operations bulletins maintained and accessible to the AT? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. CONDITION OF THE FLEET | EVALUATED Yes | ACTION REQUIRED No |
| a. Using a CHP 33E, Vehicle Inspection Checklist, as a guide, are there any patterns or problems identified? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Have any unauthorized modifications been made on vehicles? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. MOTORCYCLES | EVALUATED No | ACTION REQUIRED |
| a. Is the Area commander involved and kept informed of motorcycle deployment, needs, problems, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the program objectives clearly understood by the commander and supervisors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the Area have an up-to-date SOP relating to motorcycle operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are motorcycles being deployed in conformance with departmental policy and Fleet Operations Bulletins? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are motorcycles being used on beats with predominantly high speed problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are motorcycles used for special duty officer transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are motorcycles parked at the Area office during vacations and extended days off? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are Fleet Operations Bulletins pertaining to motorcycles filed together? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) What system is in place to verify understanding and compliance? | | |
| (2) Are Bulletins discussed with riders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. What type of active safety program does the Area have? | | |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FLEET MANAGEMENT
CHP 453F (Rev. 6-06) OPI 009

| | | |
|--|------------------------------|-----------------------------|
| (1) Is there a Defensive Rider Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there a sufficient number of CMTOs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) What is the Area's safety record? | | |
| (a) How does it compare with Division and statewide rates? | | |
| (4) Does the Area conduct quarterly motorcycle training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are mandatory exercises being conducted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are ride-alongs being conducted on a regular basis and properly documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are emergency radio repairs made at the office or at the radio shop? | | |
| (1) Are the arrangements satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the repair person proficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is service available on weekends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are motorcycles down for unreasonable amounts of time because of poor service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are any motorcycles being operated with radios in a defective condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are any repairs being done by riders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the Area swap radios with idle units to reduce down time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, are radios being returned to the original units or reported to Telecommunications Section? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Is there adequate space to park and/or store motorcycles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is safety compromised? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are units parked near an entrance causing foot traffic to be inhibited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are preventative measures in place to avoid problems caused by oil drippings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are parked motorcycles susceptible to theft or vandalism? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) When garaged at home, is the motorcycle in a covered, secured area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Has it been inspected and approved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are records of the approval on file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Has the motorcycle program supervisor developed a workable procedure for storing and accounting for approved supplies and equipment replacements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do equipment and accessory times comply with departmental regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there ample supply available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are spare tires available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is a battery charger available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Destroy Previous Editions

(5) Is there security and an accurate inventory kept? ☐ Yes ☐ No

i. What arrangements have been made for servicing and repairing motorcycles?

(1) Is it satisfactory and cost effective? ☐ Yes ☐ No

(2) Does the maintenance program minimize officer and vehicle down time? ☐ Yes ☐ No

(3) How is repair work verified?

(4) Do motorcycle officers have any restrictions on going to the motorcycle shop for repairs? ☐ Yes ☐ No

(a) Is a supervisor's permission required? ☐ Yes ☐ No

(b) Is there a SOP covering this aspect of motorcycle operation? ☐ Yes ☐ No

(5) If not ridden, how are motorcycles transported to vendors for repairs?

(6) Does the Area have a motorcycle trailer? ☐ Yes ☐ No

(a) How often is it used?

(b) If one is not available, has Area budgeted for one? ☐ Yes ☐ No

j. Are vehicle files logically kept and up-to-date? ☐ Yes ☐ No

(1) Does a review of the CHP 33, Driver's Equipment Check, reveal excessive maintenance charges? ☐ Yes ☐ No

(2) Does the motorcycle supervisor review all motorcycle invoices? ☐ Yes ☐ No

(3) Is service up-to-date? ☐ Yes ☐ No

k. Are daily inspections being done by the rider and monthly inspection by the supervisor, and the CHP 184, Monthly Motorcycle Inspection List, completed as required? ☐ Yes ☐ No

(1) Are mechanical discrepancies recorded with the date noted and date corrected? ☐ Yes ☐ No

(2) Are the forms filed for the life of the motorcycle? ☐ Yes ☐ No

l. Utilizing the CHP 184, Monthly Motorcycle Inspection List, and CHP 453F, Fleet Management, as guides, do the Area motorcycles appear to meet all standards as far as cleanliness, condition, maintenance, supplies, etc.? ☐ Yes ☐ No

CHP 454 (Rev. 5-06) OPI 009

DATE: 09/29/2009

[illegible]

VEHICLE INSPECTION CHECKLIST

CHP 33E (Rev. 9-05) OPI 074

| | |
|--------|---------------|
| AREA | LOCATION CODE |
| Blythe | 660 |

| DATE | VEHICLE NO. | MILEAGE | YEAR | MAKE | MODEL | | | | | | | | | | | | | | | |
|--|--------------|---------|--|------|---|---|--------------|---------------|--|---------------|-----------|---------------|-----------|---------------|-----------|-----------------|-----------|--|--|--|
| 9/29/2009 | 1288916 | 002,707 | 2009 | Ford | Crown Victoria | | | | | | | | | | | | | | | |
| UNDER HOOD (Check if satisfactory) | | | TRUNK (Check if satisfactory) | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Battery water level/test indicator eye <input checked="" type="checkbox"/> Coolant level in recovery tank <input checked="" type="checkbox"/> Engine oil level <input checked="" type="checkbox"/> Power steering fluid level <input checked="" type="checkbox"/> Transmission fluid level <input checked="" type="checkbox"/> Brake fluid level <input checked="" type="checkbox"/> Battery cables and hold down | | | <input checked="" type="checkbox"/> Water level in windshield washer <input checked="" type="checkbox"/> Drive belts <input checked="" type="checkbox"/> Radiator hoses <input checked="" type="checkbox"/> Excessive bug deposits in radiator <input checked="" type="checkbox"/> Air filter element <input type="checkbox"/> Under hood light <input type="checkbox"/> Other discrepancies | | | <input checked="" type="checkbox"/> General cleanliness <input type="checkbox"/> Condition of tire chains <input checked="" type="checkbox"/> Jumper cables <input checked="" type="checkbox"/> Prybar <input checked="" type="checkbox"/> Contents of first aid kit <input checked="" type="checkbox"/> Fire extinguisher <input checked="" type="checkbox"/> Spare tire condition <input type="checkbox"/> Trunk light | | | <input checked="" type="checkbox"/> Fusees, safety cones <input checked="" type="checkbox"/> Plastic blanket <input checked="" type="checkbox"/> Jack and lug wrench <input checked="" type="checkbox"/> Hand cleaner/towels <input checked="" type="checkbox"/> Trunk Pack or wooden box <input checked="" type="checkbox"/> Water jug(s) <input checked="" type="checkbox"/> Animal snare <input type="checkbox"/> Spare tire mounting | | | | | | | | | | | |
| INTERIOR (Check if satisfactory) | | | EXTERIOR (Check if satisfactory) | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> CHP 33 book <input checked="" type="checkbox"/> Credit card <input checked="" type="checkbox"/> Glove compartment content, maps, etc. <input type="checkbox"/> Gun locks <input checked="" type="checkbox"/> Floor mats <input checked="" type="checkbox"/> Map and dome light | | | <input checked="" type="checkbox"/> Upholstery <input checked="" type="checkbox"/> Door panels <input checked="" type="checkbox"/> Seat belts <input checked="" type="checkbox"/> Glass <input checked="" type="checkbox"/> Condition of pedals <input checked="" type="checkbox"/> Window operation <input checked="" type="checkbox"/> Door lock operation | | | <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Condition of paint <input checked="" type="checkbox"/> Decals <input checked="" type="checkbox"/> Evidence of damage <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Headlamps <input checked="" type="checkbox"/> Taillights <input checked="" type="checkbox"/> Spotlights | | | <input checked="" type="checkbox"/> Turn signal <input checked="" type="checkbox"/> Wipers <input checked="" type="checkbox"/> Mirrors <input checked="" type="checkbox"/> Siren/PA operation <input checked="" type="checkbox"/> Push bumper and pads <input checked="" type="checkbox"/> Condition of air deflector <input checked="" type="checkbox"/> Brake lights <input checked="" type="checkbox"/> Emergency lights/wig wag (operation and visibility) | | | | | | | | | | | |
| TEST DRIVE (Check if satisfactory) | | | TIRES | | SUSPENSION (Check if satisfactory) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Starting <input type="checkbox"/> General handling qualities <input type="checkbox"/> Body tightness <input type="checkbox"/> Shifting of transmission <input type="checkbox"/> Brakes <input type="checkbox"/> Engine idle <input type="checkbox"/> Steering vibration | | | <input type="checkbox"/> Horn <input type="checkbox"/> Engine response <input type="checkbox"/> A/C Heater <input type="checkbox"/> Park brake operation <input type="checkbox"/> Power seat operation <input type="checkbox"/> Operation of all mirrors <input type="checkbox"/> Speedometer operation | | <table border="1"> <thead> <tr> <th>Tread Depth</th> <th>Air Pressure</th> </tr> </thead> <tbody> <tr> <td>L/F _____ /32</td> <td>_____ PSI</td> </tr> <tr> <td>R/F _____ /32</td> <td>_____ PSI</td> </tr> <tr> <td>R/R _____ /32</td> <td>_____ PSI</td> </tr> <tr> <td>L/R _____ /32</td> <td>_____ PSI</td> </tr> <tr> <td>Spare _____ /32</td> <td>_____ PSI</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Matched brand</td> </tr> </tbody> </table> | Tread Depth | Air Pressure | L/F _____ /32 | _____ PSI | R/F _____ /32 | _____ PSI | R/R _____ /32 | _____ PSI | L/R _____ /32 | _____ PSI | Spare _____ /32 | _____ PSI | <input type="checkbox"/> Matched brand | | <input type="checkbox"/> Suspension Components <input type="checkbox"/> Wheel Alignment |
| Tread Depth | Air Pressure | | | | | | | | | | | | | | | | | | | |
| L/F _____ /32 | _____ PSI | | | | | | | | | | | | | | | | | | | |
| R/F _____ /32 | _____ PSI | | | | | | | | | | | | | | | | | | | |
| R/R _____ /32 | _____ PSI | | | | | | | | | | | | | | | | | | | |
| L/R _____ /32 | _____ PSI | | | | | | | | | | | | | | | | | | | |
| Spare _____ /32 | _____ PSI | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Matched brand | | | | | | | | | | | | | | | | | | | | |

COMMENTS

Vehicle in good condition.

RECOMMENDATIONS

| | | |
|--------------|-------------|---------|
| INSPECTED BY | SIGNATURE | DATE |
| M. KIRCHHOFF | M. Kirchoff | 9/29/09 |

Destroy Previous Editions

c033e207.pdf

VEHICLE INSPECTION CHECKLIST

CHP 33E (Rev. 9-05) OPI 074

| | |
|--------|---------------|
| AREA | LOCATION CODE |
| Blythe | 660 |

| | | | | | |
|-----------|-------------|---------|------|------|----------------|
| DATE | VEHICLE NO. | MILEAGE | YEAR | MAKE | MODEL |
| 9/29/2009 | 1248144 | 054,668 | 2007 | Ford | Crown Victoria |

| UNDER HOOD (Check if satisfactory) | | TRUNK (Check if satisfactory) | |
|--|--|---|--|
| <input checked="" type="checkbox"/> General cleanliness | <input checked="" type="checkbox"/> Water level in windshield washer | <input checked="" type="checkbox"/> General cleanliness | <input checked="" type="checkbox"/> Fusees, safety cones |
| <input checked="" type="checkbox"/> Battery water level/test indicator eye | <input checked="" type="checkbox"/> Drive belts | <input type="checkbox"/> Condition of tire chains | <input checked="" type="checkbox"/> Plastic blanket |
| <input checked="" type="checkbox"/> Coolant level in recovery tank | <input checked="" type="checkbox"/> Radiator hoses | <input checked="" type="checkbox"/> Jumper cables | <input checked="" type="checkbox"/> Jack and lug wrench |
| <input checked="" type="checkbox"/> Engine oil level | <input checked="" type="checkbox"/> Excessive bug deposits in radiator | <input checked="" type="checkbox"/> Prybar | <input checked="" type="checkbox"/> Hand cleaner/towels |
| <input checked="" type="checkbox"/> Power steering fluid level | <input checked="" type="checkbox"/> Air filter element | <input checked="" type="checkbox"/> Contents of first aid kit | <input checked="" type="checkbox"/> Trunk Pack or wooden box |
| <input checked="" type="checkbox"/> Transmission fluid level | <input type="checkbox"/> Under hood light | <input checked="" type="checkbox"/> Fire extinguisher | <input checked="" type="checkbox"/> Water jug(s) |
| <input checked="" type="checkbox"/> Brake fluid level | <input type="checkbox"/> Other discrepancies | <input checked="" type="checkbox"/> Spare tire condition | <input checked="" type="checkbox"/> Animal snare |
| <input checked="" type="checkbox"/> Battery cables and hold down | | <input type="checkbox"/> Trunk light | <input type="checkbox"/> Spare tire mounting |

| INTERIOR (Check if satisfactory) | | EXTERIOR (Check if satisfactory) | |
|---|---|---|--|
| <input checked="" type="checkbox"/> General cleanliness | <input checked="" type="checkbox"/> Upholstery | <input checked="" type="checkbox"/> General cleanliness | <input checked="" type="checkbox"/> Turn signal |
| <input checked="" type="checkbox"/> CHP 33 book | <input checked="" type="checkbox"/> Door panels | <input checked="" type="checkbox"/> Condition of paint | <input checked="" type="checkbox"/> Wipers |
| <input checked="" type="checkbox"/> Credit card | <input checked="" type="checkbox"/> Seat belts | <input checked="" type="checkbox"/> Decals | <input checked="" type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Glove compartment content, maps, etc. | <input checked="" type="checkbox"/> Glass | <input checked="" type="checkbox"/> Evidence of damage | <input checked="" type="checkbox"/> Siren/PA operation |
| <input type="checkbox"/> Gun locks | <input checked="" type="checkbox"/> Condition of pedals | <input checked="" type="checkbox"/> Windows | <input checked="" type="checkbox"/> Push bumper and pads |
| <input checked="" type="checkbox"/> Floor mats | <input checked="" type="checkbox"/> Window operation | <input checked="" type="checkbox"/> Headlamps | <input checked="" type="checkbox"/> Condition of air deflector |
| <input checked="" type="checkbox"/> Map and dome light | <input checked="" type="checkbox"/> Door lock operation | <input checked="" type="checkbox"/> Taillights | <input checked="" type="checkbox"/> Brake lights |
| | | <input checked="" type="checkbox"/> Spotlights | <input checked="" type="checkbox"/> Emergency lights/wig wag (operation and visibility) |

| TEST DRIVE (Check if satisfactory) | | TIRES | | SUSPENSION (Check if satisfactory) | |
|---|---|--|---------------------|-------------------------------------|--|
| <input type="checkbox"/> Starting | <input type="checkbox"/> Horn | Tread Depth | Air Pressure | <input type="checkbox"/> Suspension | |
| <input type="checkbox"/> General handling qualities | <input type="checkbox"/> Engine response | L/F _____ /32 | _____ PSI | <input type="checkbox"/> Components | |
| <input type="checkbox"/> Body tightness | <input type="checkbox"/> A/C Heater | R/F _____ /32 | _____ PSI | <input type="checkbox"/> Wheel | |
| <input type="checkbox"/> Shifting of transmission | <input type="checkbox"/> Park brake operation | R/R _____ /32 | _____ PSI | <input type="checkbox"/> Alignment | |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Power seat operation | L/R _____ /32 | _____ PSI | | |
| <input type="checkbox"/> Engine idle | <input type="checkbox"/> Operation of all mirrors | Spare _____ /32 | _____ PSI | | |
| <input type="checkbox"/> Steering vibration | <input type="checkbox"/> Speedometer operation | <input type="checkbox"/> Matched brand | | | |

COMMENTS

Vehicle in fair condition.
Minor scuff on paint
carpet worn.

RECOMMENDATIONS

| | | |
|---------------------|---------------------|---------|
| INSPECTED BY | SIGNATURE | DATE |
| <i>M. Kirchhoff</i> | <i>M. Kirchhoff</i> | 9/29/09 |

| | | |
|---------------------|-----------|--------|
| AREA | DIVISION | NUMBER |
| Otay Mesa I. F. | Border | 646 |
| EVALUATED BY | DATE | |
| G. Brents <i>GB</i> | 8/27/2009 | |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|---|-------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW <i>At. J. P. M...</i> | DATE 9/3/09 |
| BY _____ | | EVALUATED 8/27/2009 | ACTION REQUIRED None |
| 1. AREA ADMINISTRATION | | CORRECTED N/A | |

a. Is there a clear line of supervision and accountability for the Area's fleet management? ☒ Yes ☐ No

(1) Is the Area commander involved and informed? ☒ Yes ☐ No

(a) Does he/she monitor invoices? ☐ Yes ☒ No

(2) Who is authorized to approve invoices? Invoices are approved and processed by the San Diego Area.

b. What is the background experience of the Automotive Technician (AT)? N/A, Otay Mesa I.F. does not have an automotive technician assigned to the facility.

(1) Are sufficient instructions and training provided? *N/A* ☐ Yes ☐ No

(2) Is he/she a qualified mechanic at journey person level? ☐ Yes ☐ No

(3) Does he/she attend training on new model vehicles? ☐ Yes ☐ No

(4) Does the AT have good rapport with Area personnel and vendors? ☐ Yes ☐ No

(5) Does the AT ensure vehicles are available at shift change? ☐ Yes ☐ No

(6) Does the AT periodically attend staff meetings? ☐ Yes ☐ No

(7) Does the AT have ideas/suggestions for improving the program? ☐ Yes ☐ No

c. How much maintenance work is being done by the AT?

(1) Is he/she qualified to perform maintenance and minor repairs? ☐ Yes ☐ No

(a) If these duties are not being performed, why not?

d. What other duties or responsibilities are placed on the AT?

| | | | |
|---------------|------------------------|-------------------------|------------------|
| 2 VEHICLE USE | EVALUATED 8/27/2009 | ACTION REQUIRED None | CORRECTED N/A |
|---------------|------------------------|-------------------------|------------------|

a. How many "E" Class vehicles are assigned to the Area? (2) One commander's vehicle and one federally funded vehicle.

(1) Is there an unmarked patrol vehicle assigned for the commander? ☒ Yes ☐ No

(2) If the number of vehicles assigned is in excess of the formula, what justification has been made? N/A

b. Are there procedures in place to ensure there are sufficient vehicles available at the beginning of each shift? ☒ Yes ☐ No

(1) Are officers allowed to perform minor corrections in order to keep the vehicles on the road? ☒ Yes ☐ No

(a) Is there a supply of tools and minor equipment available? ☐ Yes ☒ No

c. What is the justification for any vehicle kept at employees homes after duty hours? After hours emergency response as established by HPM 31.1.

d. Who does the commander allow to ride in vehicles? CHP employees, the public as determined by GO 100.42.

(1) Do supervisors use the CHP 428, Release and Waiver of Liability? ☒ Yes ☐ No

(a) Is the CHP 428 kept for the appropriate period of time? ☒ Yes ☐ No

3. SERVICE ARRANGEMENTS

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. What vendors are being used for servicing or repairing vehicles? Since San Diego Area performs all repairs and maintenance of the facility's vehicles this section will be deferred to the audit conducted for the San Diego Area.

(1) Are they authorized dealers? *N/A* ☐ Yes ☐ No

(2) What process was used in selecting a service vendor?

(3) What are the hourly rates being charged?

(a) Are discounts given on parts? ☐ Yes ☐ No

(4) Has the command shopped for the most cost effective vendors? ☐ Yes ☐ No

(5) Does the Area constantly change vendors, or work out problems in order to maintain good long-term relationships? ☐ Yes ☐ No

(6) Does the AT adhere to policy in HPM 11.2, Materials Management Manual, when making purchases? ☐ Yes ☐ No

b. If vehicle availability has been a problem, has Area experimented with weekend maintenance? ☐ Yes ☐ No

(1) What percentage of the fleet is needed on weekends?

(2) Are there shortages of vehicles on Mondays? ☐ Yes ☐ No

(3) If more than one AT, are their hours/days scheduled most effectively? ☐ Yes ☐ No

(a) Is overtime needed for maximum enforcement periods? ☐ Yes ☐ No

c. Are provisions adequate to ensure regular washing of vehicles? ☐ Yes ☐ No

(1) How are interiors cleaned?

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(2) Is the Area's vehicle washing procedure practical and economical? ☒ Yes ☐ No

(a) Is excessive officer time used to wash vehicles? ☐ Yes ☒ No

(3) Is there more than one car wash facility available? ☒ Yes ☐ No

(4) Are vehicles being excessively washed or detailed? ☐ Yes ☒ No

(5) Does the Area have a maintenance worker or janitor wash cars? ☐ Yes ☒ No

(6) Is there any other program that can be of assistance in washing cars? ☐ Yes ☒ No

d. How do officers report defective equipment? Defects are reported to the on-duty supervisor and logged into the CHP 33 book.

(1) Who is authorized to declare a vehicle unsafe for patrol? With the concurrence of the supervisor a vehicle will be placed out of service and arrangements made with the San Diego Area automotive technician for assessment and repair.

(a) Who determines when a vehicle is safe after repair or checking of defects? San Diego Area automotive technician

(b) Does he/she sign off the report form and indicate what has been done? ☒ Yes ☐ No

(c) Is this system effective? ☒ Yes ☐ No

(d) How long are records kept? San Diego Area retains these files.

(e) Is there a system in place to check vehicles for defects after high speed pursuits? ☒ Yes ☐ No

4. MILEAGE MANAGEMENT

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. Does Area have a system to ensure equitable mileage accumulation on all vehicles? ☐ Yes ☐ No

(1) Are vehicles run out in the same order they are received? ☐ Yes ☐ No

(2) Is there an appropriate spread of odometer readings so that vehicles are run out at regular intervals? ☐ Yes ☐ No

(a) If not, can adjustments be made to accomplish this? ☐ Yes ☐ No

b. How are adjustments to mileage accomplished?

(1) Do field supervisors and officers understand their responsibility in vehicle assignments? ☐ Yes ☐ No

(2) Does the AT understand what is required? ☐ Yes ☐ No

(3) Does the Area have a "personalized vehicle assignment" program? ☐ Yes ☐ No

(a) If so, how does it effect mileage averaging?

c. How does the Area project run outs?

(1) Is FOS provided 30-45 days advance notice? ☐ Yes ☐ No

(2) What has been the condition of vehicles returned to FOS?

N/A

(3) Are the right equipment options completed?

☐ Yes ☐ No

5. AUTOMOTIVE WORK AREA/EQUIPMENT

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. Is there adequate space and comfort in the AT office?

N/A

☐ Yes ☐ No

(1) Is the office arranged neatly, and are all bulletins and manuals current?

☐ Yes ☐ No

(2) Does the AT maintain a service and flat rate manual?

☐ Yes ☐ No

b. Is the space for working on vehicles adequate?

☐ Yes ☐ No

(1) Is it clean and organized?

☐ Yes ☐ No

c. Does the AT have the supply of tools listed in HPM 31.1, Fleet Operations Manual, Chapter 6?

☐ Yes ☐ No

(1) Is there an inventory?

☐ Yes ☐ No

(a) When was it last checked?

☐ Yes ☐ No

(2) Are the tools located where they can be easily accessed by the AT when working on vehicles?

☐ Yes ☐ No

(a) Are they clean and properly maintained?

☐ Yes ☐ No

(b) Is there security for the tools when the AT is not present?

☐ Yes ☐ No

(c) Who has access to the tools?

☐ Yes ☐ No

d. Does the AT have the equipment necessary to perform all required tasks?

☐ Yes ☐ No

(1) If not, has it been budgeted for and/or ordered?

☐ Yes ☐ No

e. Is the equipment neat, clean and in good repair?

☐ Yes ☐ No

(1) Have replacements been planned and budgeted for?

☐ Yes ☐ No

f. Are there additional tools or items of equipment needed?

☐ Yes ☐ No

(1) Could the AT be more effective if they were available?

☐ Yes ☐ No

(2) Can they and/or have they been requisitioned or requested?

☐ Yes ☐ No

6. TIRES, PARTS AND SUPPLIES

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. Is the space provided for parts and supplies adequate?

N/A

☐ Yes ☐ No

(1) If not, can more space be provided?

☐ Yes ☐ No

(2) Is the space neatly and logically organized?

☐ Yes ☐ No

(3) Is there adequate security?

☐ Yes ☐ No

(4) Who has access to the parts/supplies?

(5) Are batteries stored in a dry location, off the cement floor?

☐ Yes ☐ No

b. Are automotive parts and supplies inventoried and maintained in Fleet Focus (FF) as required?

☐ Yes ☐ No

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3. Are reasonable numbers of parts/supplies stocked? *N/A* ☐ Yes ☐ No

(1) Are there obsolete parts on hand? ☐ Yes ☐ No

d. Does Area stock parts/supplies purchased by the Department, and provide them to the vendor for installation? ☐ Yes ☐ No

e. Are adequate records maintained for tires, and are all tires accounted for? ☐ Yes ☐ No

(1) Are tire requests properly documented and ordered through the Purchasing Services Unit of Business Services Section? ☐ Yes ☐ No

(2) Are proper guidelines in place for record keeping? ☐ Yes ☐ No

(a) Are records reviewed by management? ☐ Yes ☐ No

(3) Are tires properly safeguarded from theft or misuse? ☐ Yes ☐ No

(a) How are tires stored?

(4) Is access to the tires restricted to the AT and his/her assistant or backup? ☐ Yes ☐ No

(5) Does Area provide motorcycle vendors with a stock of tires? ☐ Yes ☐ No

(6) Does it appear tires are being replaced prematurely? ☐ Yes ☐ No

(7) Are adequate records maintained for used tires? ☐ Yes ☐ No

(a) Is the disposition of used tires within policy? ☐ Yes ☐ No

f. How are old tires/batteries disposed of?

(1) Is the Sale of Discarded Tires/Junk Batteries/Used Rotors (CHP 265) sent to prospective bidders? ☐ Yes ☐ No

(2) Are either tires or batteries being traded to offset installation costs? ☐ Yes ☐ No

(3) Are the provisions of any tire or battery disposal contract being met? ☐ Yes ☐ No

g. Are Material Safety Data Sheets (MSDS) posted as required? ☐ Yes ☐ No

(1) Are all containers (other than the original) containing hazardous materials properly marked? ☐ Yes ☐ No

h. Has the quarterly count of parts, tires, accessories and supplies been conducted? ☐ Yes ☐ No

(1) Who conducted the count?

| 7. FUEL DISPENSING FACILITY | EVALUATED | ACTION REQUIRED | CORRECTED |
|-----------------------------|-----------|-----------------|-----------|
| | 8/27/2009 | None | N/A |

a. Normally, is all fuel used by departmental personnel dispensed through the fuel facility at the command location? ☐ Yes ☒ No

(1) What procedures have been established for purchasing fuel from service stations in emergencies? Otay Mesa I.F. does not have a fuel dispensing facility, and due to the physical location to/from the nearest CHP Area, officers use local gas stations.

(a) Is self-service or full-service used? Self-serve.

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| | | | |
|---|-----|------------------------------|-----------------------------|
| (2) Is there a written policy, and is it complied with? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the fuel island clean and neat? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does it need repair or painting? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are fuel, water and air hoses in good repair? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is the break-away coupler installed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is the "Emergency Shut-Off Valve" plainly visible from the pumps? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is there a clean oil storage rack? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Is the lighting adequate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is there at least one fire extinguisher of the proper type available, and is it fully charged? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Have problems been reported to Facilities Section? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there an adequate amount of supplies available to officers? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Who fuels the vehicles? | | | |
| (1) Are fluids and tires checked during fueling? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is the gasoline storage tank tested for possible leaks and are gasoline meters calibrated every 12 to 18 months as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are pump meters and the storage tank properly safeguarded? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Who has access to the keys to lock the meters and the storage tank? | | | |
| (3) Is gasoline measured before and after deliveries? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. What method is used to log fuel and oil used in individual vehicles? | | | |
| (1) Are records maintained as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) What is done to reconcile differences of more than 2-3 gallons daily? | | | |
| g. Does the physical inventory reasonably balance with the metered inventory each month? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) When was the pump meter last checked for accuracy? | | | |
| h. Is there a contract for fuel? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) How often is the fuel supply replenished? | | | |
| (2) At what level is it refilled? | | | |
| How does the Area secure the fuel pumps when they are not in use? | | | |
| (1) Is the system adequate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is it utilized by all personnel? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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8. SAFETY

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. Does the Area conduct an inspection of the facility twice each year to detect safety hazards?

☒ Yes ☐ No

(1) Are the AT's work areas inspected?

☐ Yes ☐ No

b. Are there possible unsafe conditions within the AT's work areas?

☐ Yes ☐ No

(1) Is the shop floor clean and free of any spills?

☐ Yes ☐ No

(2) Are electrical cords or hoses posing a hazard?

☐ Yes ☐ No

(3) Are fire extinguishers charged, inspected and of the proper type?

☐ Yes ☐ No

(4) Are any batteries leaking or stored improperly?

☐ Yes ☐ No

(5) Are there loose items on the floor?

☐ Yes ☐ No

(6) Is the bench grinder firmly affixed, and are there safety glasses available?

☐ Yes ☐ No

(a) Are they worn by the AT?

☐ Yes ☐ No

(7) Is the battery charger in a safe place?

☐ Yes ☐ No

(8) Are masks available for AT's to wear when servicing brakes?

☐ Yes ☐ No

(a) If yes, are they worn?

☐ Yes ☐ No

(9) Are jack stands properly utilized?

☐ Yes ☐ No

c. What is the Area occupational safety record as it relates to fleet management? No injuries recorded.

(1) Have any injuries been prevented with an improved safety awareness program?

☐ Yes ☐ No

9. VEHICLE RECORDS AND MAINTENANCE

EVALUATED
8/27/2009

ACTION REQUIRED
None

CORRECTED
N/A

a. Are fleet records logically filed?

☐ Yes ☐ No

(1) Are they conveniently located and available to the AT and supervisor?

☐ Yes ☐ No

(2) Do files contain all required documents?

☐ Yes ☐ No

(a) If documents are not in files, where are they located?

b. Do the Fleet Focus (FF) documents comply with the instructions in HPM 31.1, Fleet Operations Manual?

☐ Yes ☐ No

(1) Are documents legible and complete?

☐ Yes ☐ No

(2) Who reviews the FF reports?

(3) How is the information used in Area's fleet administration?

c. Is the CHP 424 current?

☐ Yes ☐ No

(1) Does the CHP 424 reveal any unusual repair patterns or duplicate services?

☐ Yes ☐ No

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| | | | |
|--|------------------------|------------------------------|--|
| (2) Have required services been done at the proper mileage? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the Area using the most effective and economical method of repairing/maintaining the fleet? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hourly rates in line with prevailing rates? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the AT refer to manuals for invoice cost information? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is work being done by vendors that should be done by the AT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are there any warranty problems? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, are they being resolved? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Is the credit card being used in lieu of an invoice? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander or his/her designee review and/or approve invoices? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) If so, is there a threshold limit, and how is the approval indicated on the invoice? | | | |
| e. Do invoices indicate parts are being supplied by the CHP? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If parts are on invoices, does the vendor give a discount? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are fleet operations bulletins maintained and accessible to the AT? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. CONDITION OF THE FLEET | EVALUATED 8/27/2009 | ACTION REQUIRED None | CORRECTED N/A |
| a. Using a CHP 33E, Vehicle Inspection Checklist, as a guide, are there any patterns or problems identified? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Have any unauthorized modifications been made on vehicles? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. MOTORCYCLES | EVALUATED 8/27/2009 | ACTION REQUIRED None | CORRECTED N/A |
| a. Is the Area commander involved and kept informed of motorcycle deployment, needs, problems, etc.? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are the program objectives clearly understood by the commander and supervisors? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the Area have an up-to-date SOP relating to motorcycle operations? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are motorcycles being deployed in conformance with departmental policy and Fleet Operations Bulletins? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are motorcycles being used on beats with predominantly high speed problems? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are motorcycles used for special duty officer transportation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are motorcycles parked at the Area office during vacations and extended days off? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are Fleet Operations Bulletins pertaining to motorcycles filed together? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) What system is in place to verify understanding and compliance? | | | |
| (2) Are Bulletins discussed with riders? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. What type of active safety program does the Area have? | | | |

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| (1) Is there a Defensive Rider Program? | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is there a sufficient number of CMTOs? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) What is the Area's safety record? | | |
| (a) How does it compare with Division and statewide rates? | | |
| (4) Does the Area conduct quarterly motorcycle training? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Are mandatory exercises being conducted? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are ride-alongs being conducted on a regular basis and properly documented? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are emergency radio repairs made at the office or at the radio shop? | | |
| (1) Are the arrangements satisfactory? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is the repair person proficient? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is service available on weekends? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are motorcycles down for unreasonable amounts of time because of poor service? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are any motorcycles being operated with radios in a defective condition? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are any repairs being done by riders? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Does the Area swap radios with idle units to reduce down time? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If so, are radios being returned to the original units or reported to Telecommunications Section? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Is there adequate space to park and/or store motorcycles? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is safety compromised? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are units parked near an entrance causing foot traffic to be inhibited? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are preventative measures in place to avoid problems caused by oil drippings? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are parked motorcycles susceptible to theft or vandalism? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) When garaged at home, is the motorcycle in a covered, secured area? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Has it been inspected and approved? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are records of the approval on file? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Has the motorcycle program supervisor developed a workable procedure for storing and accounting for approved supplies and equipment replacements? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do equipment and accessory times comply with departmental regulations? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is there ample supply available? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are spare tires available? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Is a battery charger available? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|-----|------------------------------|-----------------------------|
| (5) Is there security and an accurate inventory kept? | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. What arrangements have been made for servicing and repairing motorcycles? | | | |
| (1) Is it satisfactory and cost effective? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the maintenance program minimize officer and vehicle down time? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) How is repair work verified? | | | |
| (4) Do motorcycle officers have any restrictions on going to the motorcycle shop for repairs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is a supervisor's permission required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is there a SOP covering this aspect of motorcycle operation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) If not ridden, how are motorcycles transported to vendors for repairs? | | | |
| (6) Does the Area have a motorcycle trailer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) How often is it used? | | | |
| (b) If one is not available, has Area budgeted for one? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are vehicle files logically kept and up-to-date? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does a review of the CHP 33, Driver's Equipment Check, reveal excessive maintenance charges? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Does the motorcycle supervisor review all motorcycle invoices? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is service up-to-date? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Are daily inspections being done by the rider and monthly inspection by the supervisor, and the CHP 184, Monthly Motorcycle Inspection List, completed as required? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are mechanical discrepancies recorded with the date noted and date corrected? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are the forms filed for the life of the motorcycle? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Utilizing the CHP 184, Monthly Motorcycle Inspection List, and CHP 453F, Fleet Management, as guides, do the Area motorcycles appear to meet all standards as far as cleanliness, condition, maintenance, supplies, etc.? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Otay Mesa Inspection Facility (I. F.) has two vehicles (one Commander's, and one federally funded) assigned to its facility. These vehicles are serviced and maintained by the San Diego Area automotive technician. Additionally Otay Mesa I. F. is normally provided one loaner black/white patrol vehicle from the San Diego Area. However, routine maintenance, inspections, and approval of invoices are completed by the San Diego Area command. Otay Mesa I. F. does not receive invoices for repairs or services for the commander's or federally funded vehicle since San Diego Area initiates services and repairs thru their vendors.

Area Management Evaluation

Fleet Management

Otay Mesa Inspection Facility (and Tecate Scales)

1. AREA ADMINISTRATION

The Otay Mesa Inspection Facility has two vehicles assigned to the command. One, the commander's vehicle and one, federally funded commercial vehicle. Additionally, the San Diego Area loans the facility one black/white enforcement vehicle for commercial enforcement. San Diego Area automotive technician performs all maintenance, repairs, and approves, processes all invoices.

2. VEHICLE USE

- c. Otay Mesa has only one vehicle (commander's vehicle) that falls under the guidelines established in HPM 31.1. The commander responds to emergency calls outside of scheduled work hours.
- d. Although Otay Mesa did not have any requests for ride-alongs from the public in 2008, they have in past years. All ride-alongs are approved as permitted by policy in G.O. 100.42.

3. SERVICE ARRANGEMENTS

- a. Since San Diego Area performs all repairs and maintenance of the facility's vehicles, this section will be deferred to the audit conducted for the San Diego Area.
- c. Otay Mesa personnel routinely wash vehicles when refueling at local gas stations for a nominal fee.

4. MILEAGE MANAGEMENT

- a. Otay Mesa supervision is involved in the assignment of available vehicles. With the limited number of vehicles and the extended travel from Otay Mesa to/from Tecate scales, equity mileage accumulation is not a factor.

5. AUTOMOTIVE WORK AREA/EQUIPMENT

Not applicable.

6. TIRES, PARTS AND SUPPLIES

Not applicable.

7. FUEL DISPENSING FACILITY

Not applicable.

8. SAFETY

Not applicable.

9. VEHICLE RECORD AND MAINTENANCE

Not applicable.

10. CONDITION OF FLEET

Not applicable.

11. MOTORCYCLES

Not applicable.